

Blue Badge Scheme – Lost/Damaged/Stolen Badge (Organisations)

This form should be completed to request a replacement badge for a lost/stolen or damaged badge or due to a name change where the expiry date is 3 months from the date of application. All applicants **must** complete **ALL Sections**. Applicants **must** also provide evidence as requested in this form. Milton Keynes Council may return your application or refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria.

Please return the completed form and relevant documents / payment to:

Milton Keynes Council. Disabled Parking Badge Team. Civic Offices. 1 Saxon Gate East.
Central Milton Keynes. MK9 3EJ

For enquiries: Tel: 01908 25 3449 or email Bluebadge@milton-keynes.gov.uk

Section 1 – Organisational Details. (Please complete in BLACK INK)

Name of organisation:

Main contact name:

Address:

Postcode:

Telephone:

Email:

Charity Number (if applicable)

Section 2 – Details of the badges are you applying to be replaced (Please note that you will be required to pay the badge issue fee for each badge that is replaced).

Serial number (If known)

Expiry date (If known)

What is the reason that you are applying for a replacement badge? (Please tick)

- The badge has been destroyed or damaged – you must include it with this application

- The badge has been lost

- The badge has been stolen - you must give the crime reference number.

- Organisation name change – **PLEASE ENCLOSE** a copy of the legal document recording your name change

Other - please describe below

Section 3 – Payment

Badge issue fee The current fee for issuing a badge is £10.00. We cannot process your application until payment is received. You can pay by cheque or postal order made payable to “Milton Keynes Council” or by card. **We do not accept cash.**

If you wish to pay by card please fill out the payment details below to authorise us to take a card payment from your bank account. Please note that once payment is taken, the details will be destroyed securely. If your application is unsuccessful, the payment will be refunded.

Section 4 – Declarations and signatures. (Please complete in BLACK INK)

- Please read the following declarations thoroughly.
- Please tick all relevant boxes to indicate that you have read and understood each declaration.
- Not ticking one of these declarations may mean we are unable to issue you with a Blue Badge.
- Providing fraudulent information may result in prosecution and a fine.

Declarations

- I confirm that, as far as I know, the details I have provided are complete and accurate. I realise that you may take action against me if I have provided false information in this application form.
- I understand that I must promptly inform my local authority of any changes that may affect my entitlement to a badge.
- I confirm that I am authorised to represent the organisation and that the organisation is concerned with the care of disabled people.
- I understand that, if the application is successful, the badge(s) must only be used when transporting disabled people and that the organisation must use the badge(s) in accordance with the rules of the scheme.

Your signature against these declarations

Your signature:	
Date of application:	(DD/MM/YYYY): ____ / ____ / ____
Please print your name here:	

All documents relating to this application will be dealt with in line with the Data Protection Act 1998 and may be shared within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud. Any medical information that you have supplied to support this application is deemed, under the Data Protection Act, to be “sensitive personal data” and will only be disclosed to third parties as necessary for the operation and administration of the Blue Badge scheme, and to other Government Departments or agencies, to validate proof of entitlement or as otherwise required by law.

Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Issue Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	*switch / solo cards only									
Card Security Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	*last three digits on back of the card									
Issue date	Month	<input type="text"/>	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	Expiry date	Month	<input type="text"/>	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>
Card Holders Name	<input type="text"/>											*as shown on front of card	